

**Vacation Bible School
Registration Form**
(One form for each child)

Name: _____

Parent-Guardian Name: _____

Address: _____

E-mail Address: _____

Phone: _____ Cell: _____

Age: _____ Last Grade Completed: _____

Home Church: _____

Allergies / Medications Instruction:

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name of person (s) who may pick up this child from VBS

Is there any other information we should know while supervising
your child today?

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